

## DMV Lane Technician Observation Report

|  |                              |   |                          |
|--|------------------------------|---|--------------------------|
| <b>DMV Technician:</b> <i>Rosell Broady</i>                          |                              | <b>Position:</b> 1 or 2                     |                          |
| <b>Station:</b> <i>Wilmington</i>                                    |                              | <b>Date:</b> <i>7-5-13</i>                  | <b>Time:</b> <i>1:55</i> |
| <b>Vehicle Make:</b> <i>Chev</i>                                     |                              | <b>Model:</b> <i>Trail Blazer</i>           | <b>Year:</b> <i>2003</i> |
| <b>GVWR:</b> <i>5750</i>   | <b>Fuel Type:</b> <i>GAS</i> | <b>Registration Number:</b> <i>PC134955</i> |                          |
| <b>Auditor:</b>  |                              | <b>Covert / <u>Overt</u></b> (circle one)   |                          |
|  |                              | <b>YES</b>                                  | <b>NO</b>                |
| 1. Did technician check vehicle paper work and verify VIN number?    |                              | <i>✓</i>                                    |                          |
| 2. Was <b>Emissions</b> testing required?                            |                              | <i>✓</i>                                    |                          |
| a) Was Emissions testing performed using OBD?                        |                              | <i>✓</i>                                    |                          |
| b) Was Emissions testing performed using Analyzer Probe?             |                              |   |                          |
| c) Was Emissions testing performed using Paddle(s)?                  |                              |   |                          |
| d) Was Emissions testing performed using Clip?                       |                              |   |                          |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                              |   | <i>✓</i>                 |
| a) Was Catalytic Converter inspection performed?                     |                              |   |                          |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                              |   | <i>✓</i>                 |
| a) Was Fuel Tank pressure testing performed?                         |                              |   |                          |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                              |   | <i>✓</i>                 |
| a) Was Fuel Cap pressure testing performed?                          |                              |   |                          |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                              | <i>✓</i>                                    |                          |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                              |   |                          |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                              |   |                          |
| <b>New Castle and Kent Counties Only</b>                             |                              | <i>✓</i>                                    |                          |
| 7. Was Two-Speed Idle testing required?                              |                              |   |                          |
| a) Was Two-Speed Idle testing performed?                             |                              |   |                          |
| <b>Sussex County Only</b>  |                              |   |                          |
| 8. Was <b>Curb Idle</b> testing required?                            |                              |   |                          |
| a) Was Curb Idle testing performed?                                  |                              |   |                          |
| <b>Comment:</b>  |                              |   |                          |
|  |                              |   |                          |
|  |                              |   |                          |
|  |                              |   |                          |
|  |                              |   |                          |
| Lane Supervisor Signature:   |                              |   |                          |

Revised 04/12/2013

## DMV Lane Technician Observation Report

|  |                              |   |                                     |
|--|------------------------------|---|-------------------------------------|
| <b>DMV Technician:</b> <u>Matthews, James</u>                        |                              | <b>Position:</b> <u>1 or 2</u>            |                                     |
| <b>Station:</b> <u>Wilm, Del</u>                                     |                              | <b>Date:</b> <u>7-5-13</u>                |                                     |
| <b>Vehicle Make:</b> <u>Volksw</u>                                   |                              | <b>Time:</b> <u>12:05</u>                 |                                     |
| <b>Model:</b> <u>Jetta</u>   |                              | <b>Year:</b> <u>2001</u>                  |                                     |
| <b>GVWR:</b>   | <b>Fuel Type:</b> <u>Gas</u> | <b>Registration Number:</b> <u>83 980</u> |                                     |
| <b>Auditor:</b> <u>Coverdale</u>                                     |                              | <b>Covert / <u>Overt</u></b> (circle one) |                                     |
|  |                              | <b>YES</b>                                | <b>NO</b>                           |
| 1. Did technician check vehicle paper work and verify VIN number?    |                              | <input checked="" type="checkbox"/>       |                                     |
| 2. Was <b>Emissions</b> testing required?                            |                              | <input checked="" type="checkbox"/>       |                                     |
| a) Was Emissions testing performed using OBD?                        |                              | <input checked="" type="checkbox"/>       |                                     |
| b) Was Emissions testing performed using Analyzer Probe?             |                              |   |                                     |
| c) Was Emissions testing performed using Paddle(s)?                  |                              |   |                                     |
| d) Was Emissions testing performed using Clip?                       |                              |   |                                     |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                              |   | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed?                     |                              |   |                                     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                              |   | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed?                         |                              |   |                                     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                              |   | <input checked="" type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed?                          |                              |   |                                     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                              |   | <input checked="" type="checkbox"/> |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                              |   |                                     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                              |   |                                     |
| <b>New Castle and Kent Counties Only</b>                             |                              |   |                                     |
| 7. Was Two-Speed Idle testing required?                              |                              |   | <input checked="" type="checkbox"/> |
| a) Was Two-Speed Idle testing performed?                             |                              |   |                                     |
| <b>Sussex County Only</b>  |                              |   |                                     |
| 8. Was <b>Curb Idle</b> testing required?                            |                              |   |                                     |
| a) Was Curb Idle testing performed?                                  |                              |   |                                     |
| <b>Comment:</b>  |                              |   |                                     |
|  |                              |   |                                     |
|  |                              |   |                                     |
|  |                              |   |                                     |
|  |                              |   |                                     |
| Lane Supervisor Signature:   |                              |   |                                     |

Revised 04/12/2013



## DMV Lane Technician Observation Report

|  |                              |   |           |
|--|------------------------------|---|-----------|
| <b>DMV Technician:</b> <u>LeRouche, John</u>                         |                              | <b>Position:</b> <u>1 or 2</u>            |           |
| <b>Station:</b> <u>Wiln</u>  | <b>Date:</b> <u>7-5-13</u>   | <b>Time:</b> <u>12:20</u>                 |           |
| <b>Vehicle Make:</b> <u>Mazda</u>                                    | <b>Model:</b> <u>MPV</u>     | <b>Year:</b> <u>2000</u>                  |           |
| <b>GVWR:</b> <u>5077</u>   | <b>Fuel Type:</b> <u>Gas</u> | <b>Registration Number:</b> <u>PC3447</u> |           |
| <b>Auditor:</b> <u>Coverdale</u>                                     |                              | <b>Covert / <u>Overt</u></b> (circle one) |           |
|  |                              | <b>YES</b>                                | <b>NO</b> |
| 1. Did technician check vehicle paper work and verify VIN number?    |                              | <u>L</u>                                  |           |
| 2. Was <b>Emissions</b> testing required?                            |                              | <u>✓</u>                                  |           |
| a) Was Emissions testing performed using OBD?                        |                              | <u>✓</u>                                  |           |
| b) Was Emissions testing performed using Analyzer Probe?             |                              |   |           |
| c) Was Emissions testing performed using Paddle(s)?                  |                              |   |           |
| d) Was Emissions testing performed using Clip?                       |                              |   |           |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                              |   | <u>✓</u>  |
| a) Was Catalytic Converter inspection performed?                     |                              |   |           |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                              |   | <u>r</u>  |
| a) Was Fuel Tank pressure testing performed?                         |                              |   |           |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                              |   | <u>r</u>  |
| a) Was Fuel Cap pressure testing performed?                          |                              |   |           |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                              |   | <u>✓</u>  |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                              |   |           |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                              |   |           |
|  |                              |   |           |
| <b>New Castle and Kent Counties Only</b>                             |                              |   |           |
| 7. Was Two-Speed Idle testing required?                              |                              |   | <u>✓</u>  |
| a) Was Two-Speed Idle testing performed?                             |                              |   |           |
|  |                              |   |           |
| <b>Sussex County Only</b>  |                              |   |           |
| 8. Was <b>Curb Idle</b> testing required?                            |                              |   |           |
| a) Was Curb Idle testing performed?                                  |                              |   |           |
| <b>Comment:</b>  |                              |   |           |
|  |                              |   |           |
|  |                              |   |           |
|  |                              |   |           |
|  |                              |   |           |
| Lane Supervisor Signature:   |                              |   |           |

Revised 04/12/2013

## DMV Lane Technician Observation Report

|  |                       |                                      |          |
|--|-----------------------|--------------------------------------|----------|
| DMV Technician: <u>STINSON Ray</u>                                   |                       | Position: <u>1 or 2</u>              |          |
| Station: <u>Wilmington</u>   | Date: <u>7-5-13</u>   | Time: <u>12:30</u>                   |          |
| Vehicle Make: <u>Nissan</u>  | Model: <u></u>        | Year: <u>2002</u>                    |          |
| GVWR: <u>5300</u>  | Fuel Type: <u>Gms</u> | Registration Number: <u>PC180104</u> |          |
| Auditor: <u>Coverdale</u>  |                       | <u>Covert / Overt</u> (circle one)   |          |
|  |                       | YES                                  | NO       |
| 1. Did technician check vehicle paper work and verify VIN number?    |                       | <u>✓</u>                             |          |
| 2. Was <b>Emissions</b> testing required?                            |                       | <u>✓</u>                             |          |
| a) Was Emissions testing performed using OBD?                        |                       | <u>✓</u>                             |          |
| b) Was Emissions testing performed using Analyzer Probe?             |                       |                                      |          |
| c) Was Emissions testing performed using Paddle(s)?                  |                       |                                      |          |
| d) Was Emissions testing performed using Clip?                       |                       |                                      |          |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                       |                                      | <u>✓</u> |
| a) Was Catalytic Converter inspection performed?                     |                       |                                      |          |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                       |                                      | <u>✓</u> |
| a) Was Fuel Tank pressure testing performed?                         |                       |                                      |          |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                       |                                      | <u>✓</u> |
| a) Was Fuel Cap pressure testing performed?                          |                       |                                      |          |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                       |                                      | <u>✓</u> |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                       |                                      |          |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                       |                                      |          |
| <b>New Castle and Kent Counties Only</b>                             |                       |                                      |          |
| 7. Was Two-Speed Idle testing required?                              |                       |                                      | <u>✓</u> |
| a) Was Two-Speed Idle testing performed?                             |                       |                                      |          |
| <b>Sussex County Only</b>  |                       |                                      |          |
| 8. Was <b>Curb Idle</b> testing required?                            |                       |                                      |          |
| a) Was Curb Idle testing performed?                                  |                       |                                      |          |
| <b>Comment:</b>  |                       |                                      |          |
|  |                       |                                      |          |
|  |                       |                                      |          |
|  |                       |                                      |          |
|  |                       |                                      |          |
| Lane Supervisor Signature: _____                                     |                       |                                      |          |

Revised 04/12/2013



## DMV Lane Technician Observation Report

|   |                              |   |  |
|---|------------------------------|---|--|
| <b>DMV Technician:</b> <u>Succarotte, Anthony</u> |                              | <b>Position:</b> <u>1 or 2</u>            |  |
| <b>Station:</b> <u>Wilmington</u>                 | <b>Date:</b> <u>7-5-13</u>   | <b>Time:</b> <u>1:00</u>                  |  |
| <b>Vehicle Make:</b> <u>Dodge</u>                 | <b>Model:</b> <u>Dakota</u>  | <b>Year:</b> <u>2009</u>                  |  |
| <b>GVWR:</b> <u>5000</u>                          | <b>Fuel Type:</b> <u>Gas</u> | <b>Registration Number:</b> <u>PC8242</u> |  |
| <b>Auditor:</b> <u>Coverdale</u>                  |                              | <b>Covert / <u>Overt</u></b> (circle one) |  |

  

|  | YES | NO | N/A |
|--|-----|----|-----|
| 1. Did technician check vehicle paper work and verify VIN number?    | ✓   |    |     |
| 2. Was <b>Emissions</b> testing required?                            | ✓   |    |     |
| a) Was Emissions testing performed using OBD?                        | ✓   |    |     |
| b) Was Emissions testing performed using Analyzer Probe?             |     |    |     |
| c) Was Emissions testing performed using Paddle(s)?                  |     |    |     |
| d) Was Emissions testing performed using Clip?                       |     |    |     |
| 3. Was <b>Catalytic Converter</b> inspection required?               |     | X  | ✓   |
| a) Was Catalytic Converter inspection performed?                     |     |    |     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |     |    | ✓   |
| a) Was Fuel Tank pressure testing performed?                         |     |    |     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |     |    | ✓   |
| a) Was Fuel Cap pressure testing performed?                          |     |    |     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |     | L  |     |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |     |    |     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |     |    |     |
| <b>New Castle and Kent Counties Only</b>                             |     |    |     |
| 7. Was Two-Speed Idle testing required?                              |     | ✓  |     |
| a) Was Two-Speed Idle testing performed?                             |     |    |     |
| <b>Sussex County Only</b>  |     |    |     |
| 8. Was <b>Curb Idle</b> testing required?                            |     |    |     |
| a) Was Curb Idle testing performed?                                  |     |    |     |
| <b>Comment:</b>  |     |    |     |
|  |     |    |     |
|  |     |    |     |
|  |     |    |     |
|  |     |    |     |
| Lane Supervisor Signature:   |     |    |     |

Revised 04/12/2013

## DMV Lane Technician Observation Report

|  |                              |  |  |
|--|------------------------------|--|--|
| <b>DMV Technician:</b> <i>Weigel Melissa</i> |                              | <b>Position:</b> <u>1 or 2</u>               |  |
| <b>Station:</b> <i>Wilmington</i>            | <b>Date:</b> <i>7-5-13</i>   | <b>Time:</b> <i>12:00</i>                    |  |
| <b>Vehicle Make:</b> <i>Subaru</i>           | <b>Model:</b> <i>Tribea</i>  | <b>Year:</b> <i>2008</i>                     |  |
| <b>GVWR:</b> <i>5700</i>                     | <b>Fuel Type:</b> <i>Gas</i> | <b>Registration Number:</b> <i>PC 301829</i> |  |
| <b>Auditor:</b> <i>Coverdale</i>             |                              | <b>Covert / <u>Overt</u></b> (circle one)    |  |

  

|  | YES      | NO       | N/A      |
|--|----------|----------|----------|
| 1. Did technician check vehicle paper work and verify VIN number?    | <i>✓</i> |          |          |
| 2. Was <b>Emissions</b> testing required?                            | <i>✓</i> |          |          |
| a) Was Emissions testing performed using OBD?                        | <i>✓</i> |          |          |
| b) Was Emissions testing performed using Analyzer Probe?             |          |          |          |
| c) Was Emissions testing performed using Paddle(s)?                  |          |          |          |
| d) Was Emissions testing performed using Clip?                       |          |          |          |
| 3. Was <b>Catalytic Converter</b> inspection required?               |          |          | <i>✓</i> |
| a) Was Catalytic Converter inspection performed?                     |          |          |          |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |          |          | <i>✓</i> |
| a) Was Fuel Tank pressure testing performed?                         |          |          |          |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |          |          | <i>✓</i> |
| a) Was Fuel Cap pressure testing performed?                          |          |          |          |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |          | <i>✓</i> |          |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |          |          |          |
| b) If this is re-check #3, was repair paperwork verified for waiver? |          |          |          |
| <b>New Castle and Kent Counties Only</b>                             |          |          |          |
| 7. Was Two-Speed Idle testing required?                              |          | <i>✓</i> |          |
| a) Was Two-Speed Idle testing performed?                             |          |          |          |
| <b>Sussex County Only</b>  |          |          |          |
| 8. Was <b>Curb Idle</b> testing required?                            |          |          |          |
| a) Was Curb Idle testing performed?                                  |          |          |          |
| <b>Comment:</b>  |          |          |          |
|  |          |          |          |
|  |          |          |          |
|  |          |          |          |
|  |          |          |          |
| Lane Supervisor Signature: _____                                     |          |          |          |

Revised 04/12/2013